

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8722

Registrar's No. 1862

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 1862	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Radcliff, 1115 W Elm				d. STREET ADDRESS (If rural, give location) 1115 W Elm			
3. NAME OF DECEASED (Type or Print) a. (First) Jasper		b. (Middle) N. McElmurry		c. (Last) McElmurry		4. DATE OF DEATH (Month) (Day) (Year) 3-22-49	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 20 1880	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Ford County, Ark.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David McElmurry		13b. MOTHER'S MAIDEN NAME Rachel Stone		14. NAME OF HUSBAND OR WIFE Anna McElmurry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Madeline McElmurry		ADDRESS Independence, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NOT				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr 1947 to Mar 22, 1949, that I last saw the deceased alive on Mar 22, 1949 and that death occurred at 2:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hugh G. Eastman, M.D.				23b. ADDRESS 303 Withman Bldg		23c. DATE SIGNED 3-23-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-23-49		24c. NAME OF CEMETERY OR CREMATORY Viola, Arkansas		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Mar. 23-1949		REGISTRAR'S SIGNATURE [Signature]		FUNDAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Independence, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Charles F. Tyler

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4534

P. O. Address Indy, Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.